For Office use only

This application has been reviewed.
Approved____
Not approved____
Manager's Signature____



For Office use only	
Start Time : End Time: (This is to include set-up and break down times) Number of tables:	

Loudoun County Department of Parks, Recreation and Community Services FACILTY AND GROUNDS USE APPLICATION

Applicant's Name:		Title:	
Mailing Address:			
City/State:		Zip:	
Phone (H):		Phone (W):	
Applicant hereby makes apparks, Recreation and Con Space Needed Facility	nmunity Services Facility for the dates and		
- Tacinty	Day(3) Date(3) Time (metading 3	et-up/orear-down/	
	For this event, will any of the	nese be done:	
Admission charged? Donations solicited? Fees collected? Anything sold?			
If the answer is YES to an	y of these questions, please explain in full	on the reverse side of this application.	
Fee information: RENTAL FEES ARE NON-REFUNDABLE.			
Fee: Rental Staff Fee Total Fee	Fee Conditions:	At time of application Monthly	
Services and local use of publi undersigned accepts for the us settlement of claims for such responsible for payment of all	lic buildings and grounds, and that such Rules, F ser full responsibility for all damages to County damage that does not include normal wear and t I fees even though the building or grounds were	s of Loudoun County Parks, recreation and Community Regulations and Ordinances will be enforced. The property caused by said use and for the prompt and proper ear. All fees must be paid in advance. The undersigned is not used, unless the County makes the cancellation (i.e., ls. Smoking is not allowed in any County Building.	
Applicant's Signature		Date	